

BLANKET PURCHASE ORDER

STATE OF MARYLAND

***** STATE OF MARYLAND *****

BPO NO: 001B3400273

PRINT DATE: 03/05/13

PAGE: 01

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID: 1020706589
LIFELINE MEDICAL SERVICES
608 WASHINGTON BLVD #205

LAUREL, MD 20707
(301)483-9000

REFER QUESTIONS TO:

MARGIE HAJIANTONI
(410)767-3039
MARGARET.HAJIANTONI@DGS.STATE.MD.US

ITB:

EXPR DATE: 12/21/13
POST DATE: 12/18/12

DISCOUNT TERMS: . NET 30 DAY
CONTRACT AMOUNT: .00

TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

* MEDICAL SUPPLIES *
* FOR *
* DEER'S HEAD HOSPITAL CENTER *

VENDOR CONTACT: EZE NWOJI
PHONE #: 301-483-9000
FAX #: 301-483-9077

AGENCY CONTACT: BETH PERDUE
PHONE #: 410-543-4000 EXT. 4155

CONTRACT PERIOD: DECEMBER 21, 2012 THRU DECEMBER 20, 2013 (1 YEAR)

THIS IS A RENEWAL OF ORIGINAL BPO #001B2400285 AT THE SAME TERMS, CONDITIONS AND PRICES. THERE ARE NO RENEWAL OPTIONS REMAINING.

RENEWAL OPTIONS ARE AT THE DISCRETION OF THE STATE; THE CONTRACTOR WILL NOT BE RELIEVED OF THE COMMITMENT TO RENEW THE CONTRACT. PRICES SUBMITTED AT THE TIME OF THE BID MUST REFLECT THE POTENTIAL INCREASES THROUGH THE TERM AND THE OUT YEARS OF THE CONTRACT.

THIS IS A FIRM FIXED PRICE CONTRACT IN THAT NO PRICE ESCALATION SHALL BE ALLOWED. HOWEVER, IN THE EVENT OF ANY SUCH DECREASE IN PRICE DUE TO MARKET CHANGE OR OTHER CONDITIONS, THE STATE OF MARYLAND SHALL BE NOTIFIED PROMPTLY AND RECEIVE SUCH DECREASE.

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TERMS (cont'd):

QUOTED PRICES ARE TO BE NET 30 DAYS F.O.B. STATE USING AUTHORITIES AND INCLUDE ALL FREIGHT/SHIPPING, HANDLING AND ADMINISTRATION CHARGES. ALL DISCOUNTS ARE TO BE DEDUCTED AND REFLECTED IN NET PRICES.

DELIVERY:

DELIVERY IS TO BE MADE WITHIN TEN (10) BUSINESS DAYS AFTER NOTIFICATION BY THE USING AGENCY.

ORDERS AS REQUIRED WILL BE PLACED DIRECT TO SUPPLIER BY THE USING AUTHORITIES, INDICATING DELIVERY AND BILLING INSTRUCTIONS.

ALL PRODUCTS USED IN PACKING TO CUSHION AND PROTECT DURING THE SHIPMENT OF COMMODITIES ARE TO BE MADE OF RECYCLED, RECYCLABLE, AND/OR BIODEGRADABLE MATERIALS.

<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
0001	47587-100060	CS	57.3600

TRACHEOSTOMY CARE KIT
VENDOR TO PROVIDE KENDALL #42201, 20/CASE.

0002	27050-015501	CS	76.8000
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DISINFECTANT, AMUKIN 50% 500ML/BTL 12BTL/CS ALCAVIS #15501
ALCAVIS 50%, 500ML, 12/CS
VENDOR TO PROVIDE ALCAVIS #15501

0003	73560-009011	CS	240.0000
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WIPE BLEACH PREMOISTENED 8" X 10", 1 PLY, 100/BX ALCAVIS #09011
VENDOR TO PROVIDE ALCAVIS #09031 8 BOXES/CASE

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
0004	27196-2K0906	CS	173.1800
PREFILLED SALINE SYRINGE, 10/12ML, 180/BX BAXTER #2K0906			
VENDOR TO PROVIDE BD#306547 8 BOXES/CASE			
0005	47562-NON274	CS	67.8700
MASK FACE SURGICAL W/FLUID RESISTANT EYESHIELD & EARLOOP, 25/BX, 4BX/CS MEDLINE #NON27410EL			
VENDOR TO PROVIDE MEDLINE #NON27410EL 4 BOXES/CASE			
0006	47574-168079	CS	31.6800
FEEDING ASEPTOS, BULB TYPE, NON-STERILE SYRINGE, 30/CS GM #168079			
VENDOR TO PROVIDE MCKESSON #31074600 30/CASE			
0007	73560-090410	CS	268.0000
WIPE, BLEACH, PREMOISTENED 8 X 10, 1 PLY, 1:10 RATIO, 100/BX 8 BX/CS LCA ALCAVIS #09041			
VENDOR TO PROVIDE ALCAVIS #09041 8 BOXES/CASE			
0008	85064-263801	CS	69.6500
WASH CLOTH FLUSHABLE BIODEGRADABLE 9" X 13" W/DIMETHICONE 60/TUB 9 TUB/CS			
VENDOR TO PROVIDE MEDLINE #MSC263801, 9 TUBS/CASE.			
END OF ITEM LIST			

ADDITIONAL TERMS AND CONDITIONS:

QUANTITIES REPRESENTED ARE ESTIMATED TWELVE (12) MONTH USAGE AND ARE NOT WARRANTED OR GUARANTEED BY THE STATE OF MARYLAND. THE CONTRACT SHALL BE FOR THE ACTUAL NEEDS OF THE AGENCY AND MAY VARY APPRECIABLY FROM THE STATED ESTIMATE(S). THE CONTRACTOR WILL BE ENTITLED TO NO CHANGE IN CONTRACT PRICE IF QUANTITIES ORDERED OR DELIVERED ARE MORE

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TERMS (cont'd):

OR LESS THAN THE QUANTITIES ESTIMATED IN THIS SOLICITATION.

DURATIONS: CONTRACTS SHALL REMAIN IN EFFECT FOR THE TIME PERIOD AND QUANTITY SPECIFIED UNLESS THE CONTRACT IS TERMINATED BY THE STATE. THE STATE MAY TERMINATE ANY CONTRACT WITHOUT SHOWING CAUSE UPON THIRTY (30) DAYS WRITTEN NOTICE.

ANY ITEM LISTED HEREIN THAT IS NOT DELIVERED IN A TIMELY MANNER OR DOES NOT CONFORM TO THE REQUIREMENTS OF THE CONTRACT, MAY BE PURCHASED ON THE OPEN MARKET BY THE USING AGENCY. THE CONTRACTED VENDOR WILL BE CHARGED FOR ANY PRODUCT COST INCURRED BY THE STATE THAT IS IN EXCESS OF THE CONTRACTED PRICE.

THIS CONTRACT IS FOR NEW PRODUCTS/EQUIPMENT AND MUST BE FREE FROM DEFECTS. USED, REFURBISHED OR REMANUFACTURED PRODUCTS/EQUIPMENT WILL NOT BE ACCEPTED OR CONSIDERED.

VENDOR MUST INCLUDE THE 9-DIGIT ZIP CODE OF COMPANY ADDRESS ON ALL INVOICES. FAILURE TO DO SO MAY RESULT IN DELAY OF PAYMENT.

CORPORATE "P" PURCHASING CARDS MAY BE USED FOR PAYMENT FOR ALL INDIVIDUAL AGENCY CONTRACT PURCHASES OF \$5,000 OR LESS.

A REPORT MUST BE FURNISHED BY THE SUCCESSFUL VENDOR EVERY SIX (6) MONTHS DETAILING THE PURCHASE OF ALL ITEMS ON THE CONTRACT. THE REPORT SHALL BE SUBMITTED ELECTRONICALLY IN EXCEL FORMAT. AS A MINIMUM, THE REPORT SHALL REFLECT THE CONTRACT NUMBER, CONTRACT ITEM NUMBER AND DESCRIPTION, THE DOLLAR VOLUME PURCHASED OF EACH ITEM, AGENCY IDENTIFICATION, AND THE CONTRACT TOTAL. THE REPORT MUST BE FILED WITHIN THIRTY (30) DAYS AFTER THE END OF EACH REPORTING PERIOD. ANY EXCEPTION TO THIS MANDATORY REQUIREMENT MAY RESULT IN CANCELLATION OF THE AWARD. FAILURE TO PROVIDE THE REPORT WITH THE MINIMUM REQUIRED INFORMATION MAY ALSO NEGATE ANY CONTRACT EXTENSION CLAUSES. REPORT SHALL BE EMAILED TO THE FOLLOWING TWO (2) ADDRESSES: MARGARET.HAJIANTONI@DGS.STATE.MD.US HOWARD.MCLAIN@DGS.STATE.MD.US

THE DEPARTMENT OF GENERAL SERVICES' "TERMS AND CONDITIONS FOR COMMODITY CONTRACTS OVER \$25,000" INCORPORATED HEREIN BY REFERENCE.

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AUTHORIZED BY: _____ DATE: _____

BUYER AUTHORIZED DESIGNEE